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| CLAIMS ONLY | Application Number 10 734 229 | Filing Date |
| | Applicant(s) | |

Application Number
10 734229

Filing Date

Applicant(s)

| | | | | | * May be used for additional claims or amendments |
|--------|----------|-------------|--------------|--|---|
| CLAIMS | AS FILED | AFTER FIRST | AFTER SECOND | | |

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
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| Total Indep | 1 | | | | | |
| Total Depend | 8 | | | | | |
| Total Claims | 9 | | | | | |

| | Indep | Depend | Indep | Depend | Indep | Depend |
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